

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Number::
Filing date::
Application Type:: Utility
Title Line One:: SKYLIGHT SYSTEM
Attorney Docket Number:: 31571-1001
Request for
Non-Publication?:: Yes
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 3
Small Entity?:: Yes

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship
Country:: US
Inventor One Given Name:: Michael
Middle Name:: J.
Family Name:: Halliday
City of Residence:: El Paso
State or Province of
Residence:: Texas
Country of Residence:: US
Street of Mailing Address:: 3452 Dornock Street
City of Mailing Address:: El Paso
State or Province of
Mailing Address:: Texas
Country of Mailing Address:: US
Postal or Zip Code of Mailing
Address:: 79925-2705

CORRESPONDENCE INFORMATION

Correspondence Customer
No.: 005179
Phone Number:: (505) 998-1500
Fax Number:: (505) 243-2542
E-Mail Address:: dpeacock@peacocklaw.com

REPRESENTATIVE INFORMATION

Repr sentativ Customer

Number:: 005179

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of An application Claiming the Benefit Under 35 USC 119(e)	60/444,128	1/31/2003

[This application has no Assignee Data]